STATE OF ILLINOIS ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD 320 WEST WASHINGTON, SUITE 260, SPRINGFIELD, ILLINOIS 62701

TELEPHONE: 217/ 782-9068 / FAX: 217/782-9331
TDD: 1-800-855-1155 (RELAY) INTERNET: http://www.state.il.us/agency/ielrb

STATUS OF NEGOTIATIONS NOTICE

(90-45-15 Day Notice)

PLEASE CHECK TYPE OF NOTICE: Newly certified representative 45-Day Notice* Unit that contains professional instructional Unit that does not contain professional instructional personnel represented by existing exclusive personnel but are represented by existing exclusive representative (check whichever is applicable): representative (check whichever is applicable): 90-Day Notice 45-Day Notice _45-Day Notice 15-Day Notice* 15-Day Notice* **PLEASE TYPE OR PRINT:** D. Full Name, Address and phone number of Employer: _ E. Name, affiliation, address and phone number of exclusive employee representative: ___ F. The expiration date of the existing collective bargaining agreement, if any: __ G. Where the unit contains professional instructional personnel, the date of the scheduled start of the forthcoming school year: H. A brief report on the status of negotiations, including the date negotiations began Description of bargaining unit covered by current contract: J. Number of employees in the bargaining unit: K. Date of coverage of current collective bargaining agreement: L. Date of demand for bargaining: M. Number of bargaining sessions already completed and length of each session: N. Schedule, if any, of future bargaining session: _ O. Number and type of issues in dispute and collective bargaining history: ___ P. (1) Are any parties currently in mediation? Yes No If yes, from what source did you choose your mediation? Please provide a copy of your letter requesting mediation. Organizations such as the Federal Mediation and Conciliation Service or the American Arbitration Association Illinois Educational Labor Relations Board's Roster Privately selected individuals (2) If no, have the parties agreed to use a mediator? Yes No If yes, from what source will you select a mediator?

Organizations such as the Federal Mediation and Conciliation Service or the American Arbitration Association Illinois Educational Labor Relations Board's Roster Privately selected individuals Q. Stipulation to Defer Selection Of Mediator: If No to Item P(2), do you agree to Defer Selection of a Mediator: (If yes, <u>must</u> be signed and dated below by <u>both</u> parties.) Pursuant to the Rules and Regulations Section 1130.30 (b) (2) of the Illinois Educational Labor Relations Board, we, the undersigned, do hereby declare that we wish to jointly defer selection of a mediator. We agree to maintain the status quo with respect to existing terms and conditions of employment and will not engage in a strike until at least ten (10) days after the stipulation is withdrawn. We understand that either party may withdraw the stipulation at any time by giving notice to the other party and to the Board. All notices may be filed jointly, signed by both parties. If notice is not filed jointly, each party shall file a separate notice and serve a copy on the other party. Notices under this Section will be considered filed on the date they are received by the Board. (Section

* If by this date, mediation has not been initiated, the Board shall invoke mediation according to Sections 1130.20 (a)(2), (b)(3) and (c)(3). Within two (2) days after the Board automatically invokes mediation, the parties may submit a stipulation to defer selection of a mediator. (See "Q.") The stipulation shall be on a form developed by the Board and shall have a provision that the parties will maintain the status quo with respect to existing terms and conditions of employment and will not engage in a strike until at least ten (10) days after the stipulation is withdrawn. Either party may withdraw the stipulation at any time by giving notice to the other party and to the Board according to Section 1130.30 (b)(2).

Name:

Address:

Telephone: ___ Signature: ___

Employee's Representative to Contact:

1130.20(d)).

Name:

Address:

Telephone: ___

Signature: _

Employer's Representative to Contact:

This state agency is requesting disclosure of information that is necessary to accomplish that statutory purpose as outlined under PA 83-1014. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.

IL 54-0059 (Rev. 6/7/2001)